

**TO: Public Health Committee**  
**FROM: Lenore Snowden, M.D.**  
**DATE: Wednesday, March 20, 2013**  
**RE: H.B. 6645 "An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients"**

My name is Lenore Snowden, M.D. I am a physician, Board Certified in Internal Medicine, and have been engaged in the private practice of medicine in Fairfield, Connecticut for twenty-two years. I appear today to urge you to reject H.B. 6645.

As part of my practice, I have provided home based care for frail elderly patients who are no longer capable of leaving their homes, including a few who have not even had the strength to get out of bed. In spite of what an outside observer might term "poor quality of life", none of these patients, no matter how debilitated, expressed a desire to terminate their own lives.

Two of my home care patients have outlived their six month hospice care allotment (for diagnoses of end-stage heart disease, and treatment-resistant metastatic breast cancer) by more than a year.

In contrast, I have received over the years a few requests, from ambulatory elderly patients with minor medical problems, for "a pill" to help them "end it all". These were people who were not suffering from pain or a terminal disease diagnosis; what they were clearly suffering from was depression, loneliness, or estrangement from family.

As someone who has kept current with American Board of Internal Medicine certification every 10 years, I can tell you that in the vast body of medical knowledge that we are required to regularly review, including the New England Journal of Medicine, the Journal of the American Medical Association, and the Annals of Internal Medicine, there is no teaching on providing lethal doses of medication or condoning physician assisted suicide as a benefit to patients.

Throughout medical training, both academic and practical, the physician's role in healing and caring for patients is paramount. The idea that a physician would purposely bring about a patient's death is anathema to the practice of medicine. There are undoubtedly limits to what we can achieve in curing or slowing certain diseases, and there are times when we have to admit that further attempts at "cure" represent a futile effort. This does not mean, however, that the answer is to hasten a patient's death.

**The entire modern discipline of palliative care demonstrates that we are capable of keeping patients reasonably free of pain and undue anxiety until natural death occurs. Seeing a patient through this process is our duty as physicians; bringing about an unnatural death is not.**